

DEC 30 2004 14:47 FR ANN ARBOR

734 995 1777 TO 917037464000

P.03/05

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

10/01/2004

MICHAEL S. GZBYOWSKI
BUTZEL LONG
350 SOUTH MAIN STREET
SUITE 300
ANN ARBOR, MI 48104

01/04/2005 MBERHE1 00000034 122136 10050242

01 FC:1501 1400.00 DA

02 FC:1502 APPLICATION 3000.00 DA

10/050,242

01/16/2002

FIRST NAMED INVENTOR

Akiko Saito

ATTORNEY DOCKET NO.

1120022

CONFIRMATION NO.

6361

TITLE OF INVENTION: DISPOSABLE SURGICAL GOWN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1270 \$1400	\$300	\$2670x \$1700	01/03/2005
EXAMINER		ART UNIT	CLASS-SUBCLASS		
HALE, GLORIA M		3765	002-114000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

BUTZEL LONG

1 _____
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Uni-Charm Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ehime-ken, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-2136 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Date December 30, 2004

Typed or printed name

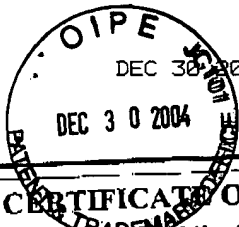
Michael S. Gzybowski

Registration No. 32,816

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



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734 995 1777 TO 917037464000

P.01/05

CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 121043-0003
Applicant(s): Akiko SAITO, et al			
Application No. 10/050,242	Filing Date 01/16/2002	Examiner Gloria M. HALE	Group Art Unit 3765
Invention: DISPOSABLE SURGICAL GOWN			
<p>I hereby certify that this <u>Transmittal of Payment of Issue Fee, Part B-Fee(s) Transmittal & Fee Transmittal</u> (Identify type of correspondence)</p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703.746.4000</u>)</p> <p>on <u>12/30/2004</u> (Date)</p> <p><u>Marilynn M. Peterson</u> (Typed or Printed Name of Person Signing Certificate)</p> <p><u>Marilynn Peterson</u> (Signature)</p> <p>Note: Each paper must have its own certificate of mailing.</p>			

P18/REV02

TRANSMITTAL OF PAYMENT OF ISSUE FEE (Large Entity)				Docket No. 121043-0003	
Applicant(s): Akiko SAITO, et al					
DEC 3 00 2004					
Application No. 10/050,242	Filing Date 01/16/2002	Examiner Gloria M. HALE	Customer No. 35684	Group Art Unit 3765	Confirmation No. 6361
Invention: DISPOSABLE SURGICAL GOWN					

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COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Transmitted herewith are the following for the above-identified application.

- ☒ Issue Fee Transmittal Form PTOL-85
- ☒ Utility Fee: \$ 1400.00 ☐ Design Fee: ☐ Plant Fee:
- ☒ Publication Fee: \$ 300.00
- ☐ A check in the amount of is attached.
- ☒ The Director is hereby authorized to charge and credit Deposit Account No. 12-2136 as described below.
- ☒ Charge the amount of \$1,700.00
- ☒ Credit any overpayment.
- ☒ Charge any additional fee required.
- ☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Dated: 12/30/2004

CC:

Certificate of Transmission by Facsimile
This certificate may only be used if paying by deposit account.

I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. 703.746.4000) on

12/30/2004

(Date)

Marilynn M. Peterson
Signature

Marilynn M. Peterson

Typed or Printed Name of Person Signing Certificate

Certificate of Mailing by First Class Mail

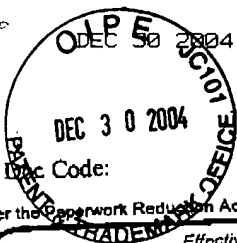
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on

(Date)

Signature of Person Mailing Correspondence

Typed or Printed Name of Person Mailing Correspondence

P3ALARGE/REV06



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)
\$1,700.00

Complete if Known

Application Number	10/050,242
Filing Date	01/16/2002
First Named Inventor	Aldo SAITO, et al
Examiner Name	Gloria M. HALE
Art Unit	3765
Attorney Docket No.	121043-0003

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 12-2136 Deposit Account Name: BUTZEL LONG

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	
Total Claims	Extra Claims	Fee (\$)
- 20 or HP =	x	\$50.00 = \$0.00
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP =	x	\$200.00 = \$0.00
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheet:	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	(round up to a whole number) x	\$250.00	\$0.00

4. OTHER FEE(S)

Non-English specification, \$130 fee (no small entity discount)
Other (e.g. late filing surcharge): **ISSUE AND PUBLICATION FEES** **\$1,700.00**

SUBMITTED BY		Registration No.	32,816	Telephone	734.995.3110
Signature	<i>Michael S. Gzybowski</i>	(Attorney/Agent)		Date	12/30/2004
Name (Print/Type)	Michael S. Gzybowski				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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